

Name
in
Full

Robert Davidson Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

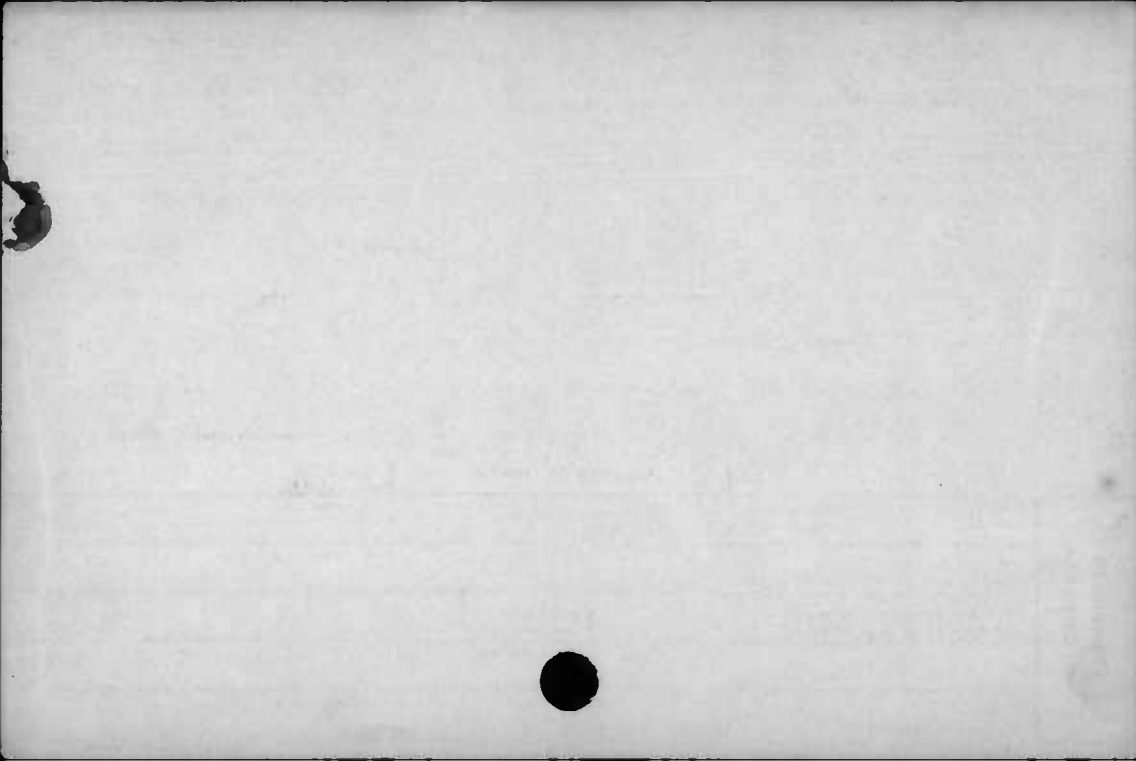
Died at <i>Lawyers Hill</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Febr'y</i>	Day <i>8</i>	Age <i>85</i>	Months <i>2</i>	Days <i>0</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>Banker</i>			Where Residing if not at place of death <i>Lawyers Hill -</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Mary Dobbin</i>			
Father's Name <i>George L. Brown</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Eother Allison</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Mrs Esther Allison Brown</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Age</i>	How long <i>✓</i>
Immediate <i>Debility</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Een Ridge, Md</i>
Accident or Suicide?	



Name
in
Full

✓
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

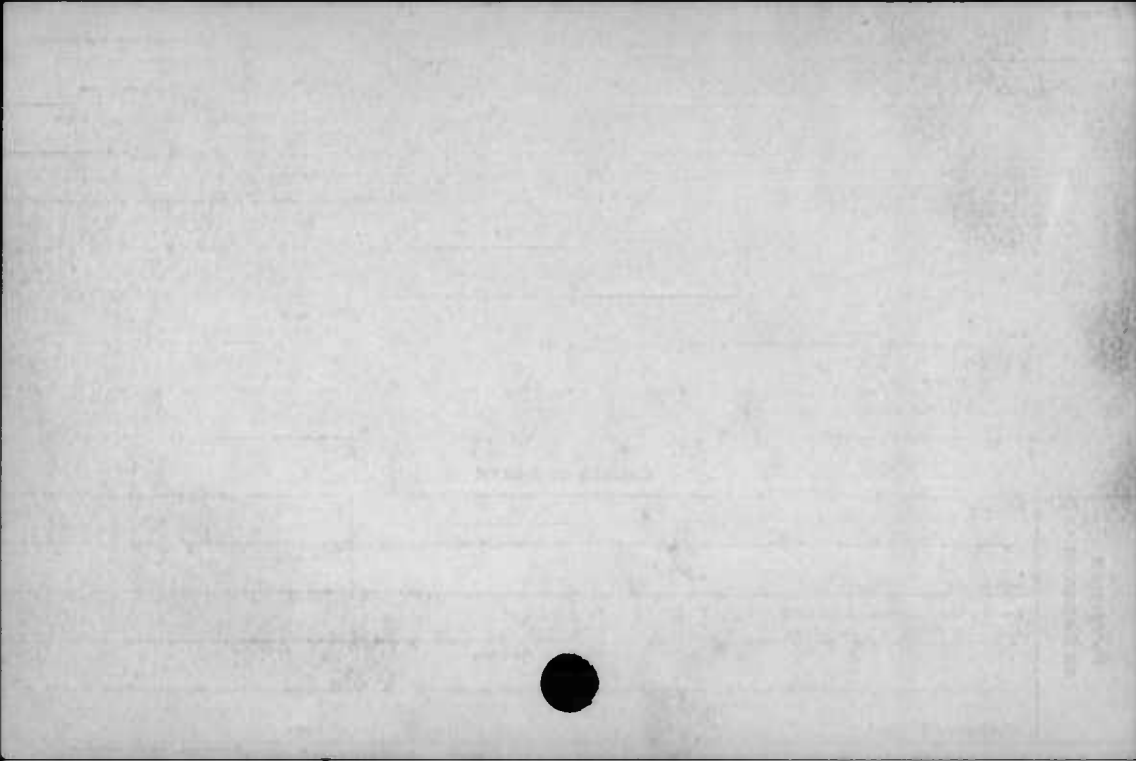
Died at <i>Eek Ridge</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <i>0</i>	<i>0</i> <small>Months</small>	<i>49</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Eek Ridge</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>Eek Ridge, Md</i>			
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Cooper</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Hattie Henson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Samuel Cooper</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary <i>Exposure - Cold etc</i>	How long <i>—</i>
Immediate <i>Congestion of lungs</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm R. Eaneckson</i>
	Address <i>Eek Ridge, Md</i>
Accident or Suicide? <i>—</i>	



Name in Full May M. Devries		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Stoddard <small>Town</small>	Howard <small>County</small>	MARYLAND
	Date of death 1908	Month Feb	Day 28
	Age 50	Months 9	Days 0
	Sex Female	Color or Race white	Birth-place Howard Co Md
	Occupation Housewife	Where Residing if not at place of death	
	Married, Single or Widowed Single	Name of Wife Husband Alpheus C. Devries	
	Father's Name Eli Petticord	Father's Birthplace Md	
Mother's Maiden Name Mary C. Shobe	Mother's Birthplace Mo us a		
Name of person giving information Alpheus C. Devries	How related to deceased Husband		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia	How long 8 days	
	Immediate Pulmonary oedema	How long 20 hrs	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Berg. F. Shipley M.D.	
		Address Alpha P.O.	
		Howard Co Md	
Accident or Suicide?			

93



Name
in
Full

Mrs. Catherine E. G. Dietrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poplar Springs</i>		County <i>Cassette Howard</i>		MARYLAND	
Date of death	1908	Month	Feb	Day	18
Age	74	Years	74	Months	one
Sex	Female	Color or Race	white American	Birth-place	Hamburg Germany
Occupation	House wife		Where Residing if not at place of death <i>Poplar Springs</i>		
Married, Single or Widowed	widowed	Name of Wife or Husband	John Dietrich		
Father's Name	C. H. Olshau			Father's Birthplace	Hamburg Germany
Mother's Maiden Name	Regina Miskew			Mother's Birthplace	Germany
Name of person giving information	Mrs. A. L. Ransome			How related to deceased	Daughter

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	8 days
Immediate		How long	8 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>W. E. Gower</i>
		Address	<i>Wt. Ave. Md.</i>
Accident or Suicide?			

Name
in
Full

Mrs Julia A. Dorsey

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

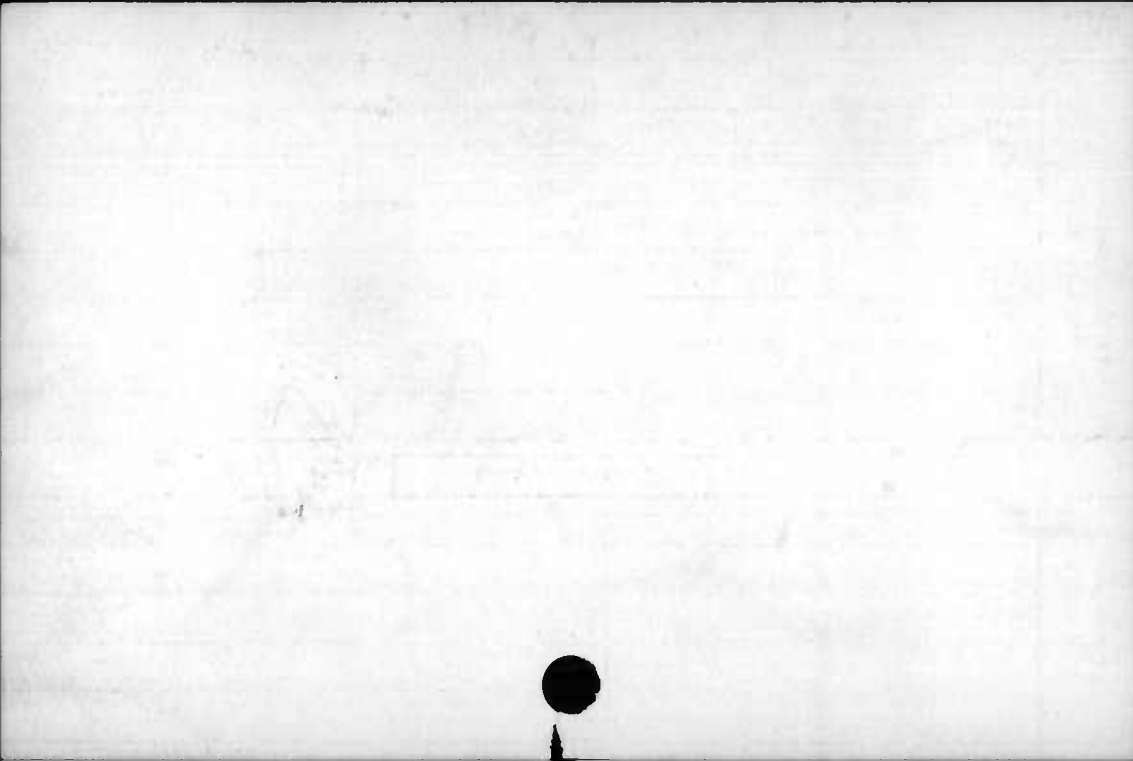
Died at		Town Cooksville		County Howard		MARYLAND	
Date of death		1908	Month Feb	Day 27	Age 79	Months 17	Days 5
Sex Female		Color or Race white		Birth-place Baltimore Howard Co			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband Walter Dorsey-deceased					
Father's Name Henry Forsythe		Father's Birthplace Howard Co.					
Mother's Maiden Name Mary Dorsey		Mother's Birthplace Howard Co					
Name of person giving information Julia D. Wilhelm		How related to deceased Daughter					

CAUSES OF DEATH

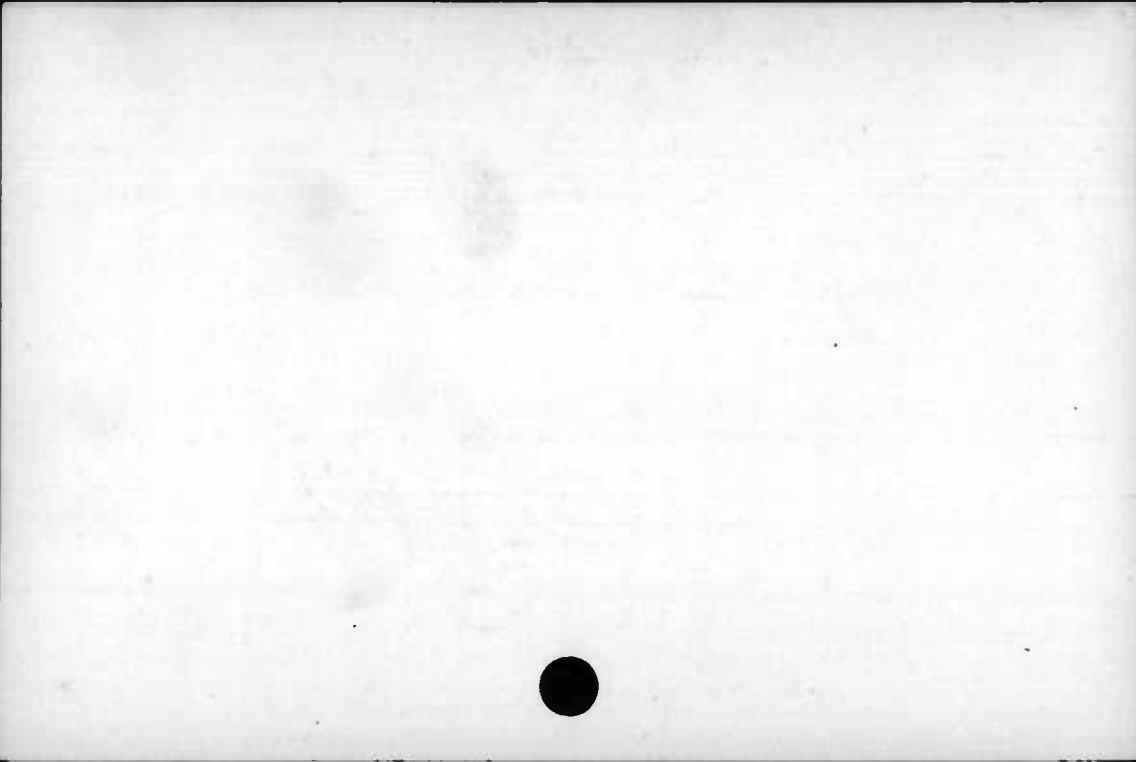
120

PHYSICIAN
OR CORONER

Primary Nephritis Complicated by Gripp ^{ed} & Broncho-pneumonia (2 years)		How long Several days	
Immediate & Exhaustion		How long Several days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Daniel B. Sprucker	
		Address Sylkesville Md.	
Accident or Suicide?			



Name in Full		Chas Otha Fisher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Florence		County Howard		MARYLAND		
		Date of death 1908		Month Feb.	Day 9	Age Years 61	Months 6	Days 3
		Sex Male		Color or Race Negro		Birth- place Md.		
		Occupation Farm Labourer		Where Residing if not at place of death				
		Married, Single or Widowed Married		Name of Wife or Husband Elizabeth Fisher				
		Father's Name Wm Fisher		Father's Birthplace Md.				
		Mother's Maiden Name Harriet A. King		Mother's Birthplace Md.				
		Name of person giving Information Henry Fisher		How related to deceased Brother				
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary Chronic Bronchitis		How long Several years				
		Immediate acute attack of above		How long 6 days				
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. W. Lacy				
				Address Lisbon Md.				
		Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Ellicott City</i> <small>Town</small>		County <i>Howard</i>	
		Date of death <i>1908</i> <small>Month</small> <i>Feb.</i> <small>Da</small> <i>18</i>		Age <i>27</i> <small>Years</small> <i>27</i> <small>Months</small> <i>no</i> <small>Days</small> <i>no</i>	
		Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>	
		Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Ellicott City</i>		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ida May Fuller</i>		
		Father's Name <i>Joshua Fuller</i>	Father's Birthplace <i>Maryland</i>		
		Mother's Maiden Name <i>Susan Smith</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Ida May Fuller</i>		How related to deceased <i>Wife</i>			
CAUSES OF DEATH 27					
PHYSICIAN OR CORONER <i>H</i>		Primary <i>Pulmonary Tuberculosis</i>		How long <i>4 mos.</i>	
		Immediate <i>Exhaustion</i>		How long <i>10 days</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. C. Shuter</i>	
				Address <i>Ellicott City</i>	
Accident or Suicide?					

Pine Orchard

Name
In
Full

Clara Emma Gaither

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Fairmount Farm ^{County} Howard

MARYLAND

Date of death 1908 Feb. 15 Age 44 Months 5 Days 6

Sex Female Color or Race White Birth-place Fairmount Farm

Occupation Housekeeper Where Residing if not at place of death .

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wm. Henry Gaither Father's Birthplace Howard Co. Md.

Mother's Maiden Name Susan Francis Warfield Mother's Birthplace Carroll Co. Md.

Name of person giving information Henrietta Perry Gaither How related to deceased Sister

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary Carcinoma Recti How long 2 1/2 years

Immediate Pneumonia How long 3 days

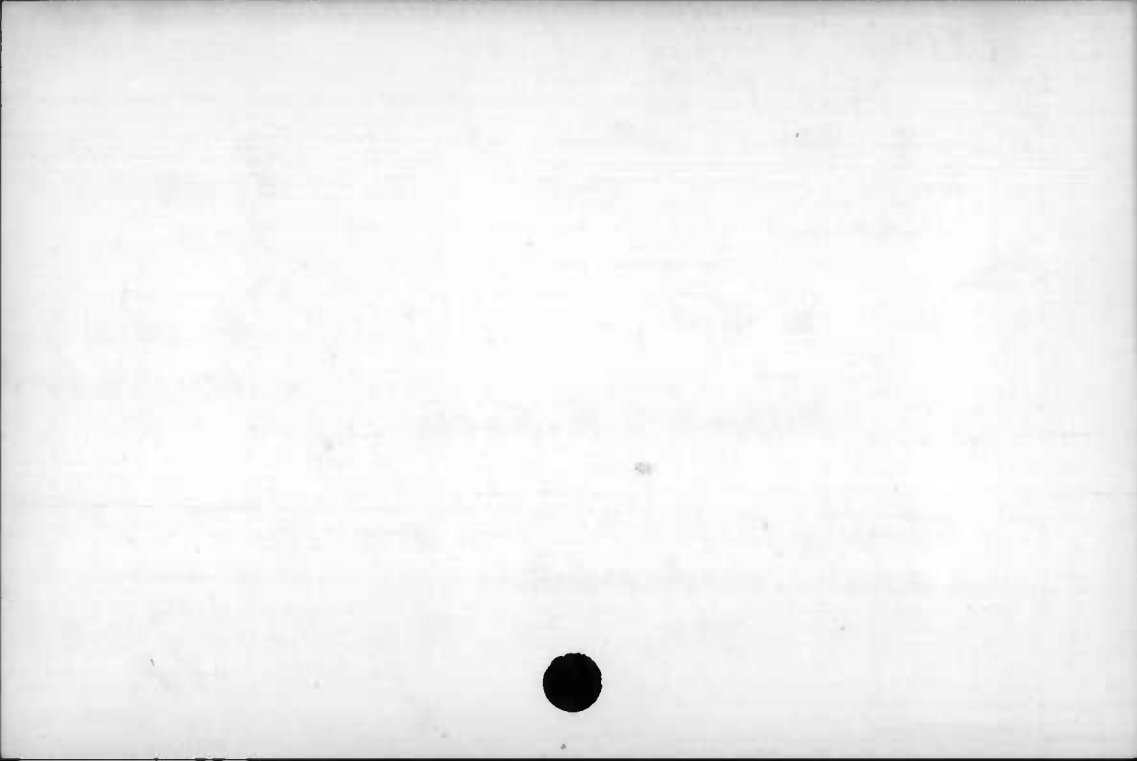
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

Address

J. Albert Nice,
Lisbon,
Md.

Accident or Suicide?



Name
in
Full

Daisy M. Holman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

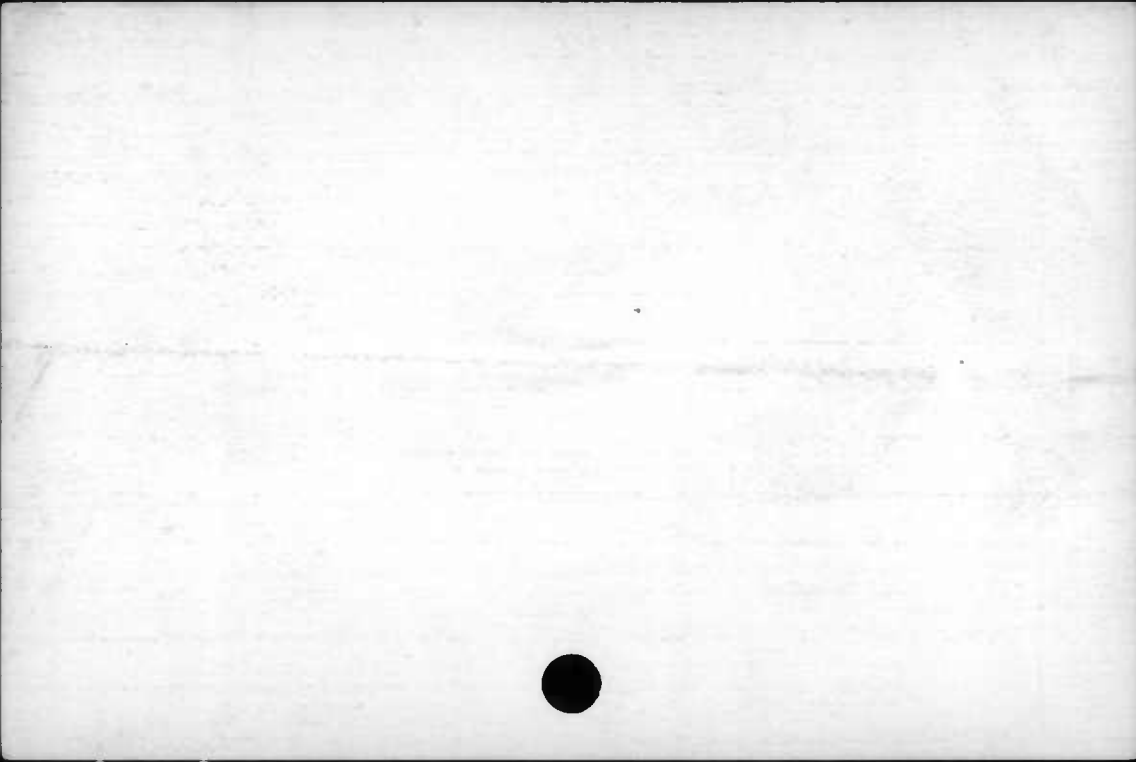
Died at Town <i>Henryton</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>11th</i>	Age Years <i>5</i>	Months <i>4</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Carroll Co Md</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm. H. Holman</i>			Father's Birthplace <i>Howard Co Md</i>		
Mother's Maiden Name <i>Saidie Neal</i>			Mother's Birthplace <i>Carroll Co Md</i>		
Name of person giving In formation <i>Father Wm. H. Holman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Whooping cough & Pulmonary abscess</i>	How long	<i>whooping cough 6 wks Pulmonary abscess 3 weeks</i>
Immediate	<i>systemic waste infection</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Benj. F. Shipley M.D.</i>	
		Address <i>Alpha P.O. Howard Co Md</i>	
Accident or Suicide?			



Name
in
Full

Dunn's H Jackson

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Cooksville</i> ^{County} <i>Hard</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Feb</i>	Day <i>6</i>	Age <i>8</i>
Sex <i>male</i>	Color or Race <i>col</i>	Birth-place <i>Bushy Park</i>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>George Jackson</i>		Father's Birthplace <i>Hard Co</i>	
Mother's Maiden Name <i>Sarah Doney</i>		Mother's Birthplace <i>" 80</i>	
Name of person giving information <i>Sarah Jackson</i>		How related to deceased	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>From Birth</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Sarah Jackson</i>
	Address <i>Cooksville</i> <i>md</i>
Accident or Suicide?	



Name
in
Full

August Henry Kramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Feb.</i> ^{Month}	<i>4</i> ^{Day}	Age <i>1</i> ^{Years}	<i>9</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Ellicott City</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>J H Kramer</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Johanna Kramer</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>J H Kramer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 wks.</i>
Immediate <i>Heart Failure</i>	How long <i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. C. Howe M.D.</i>
	Address <i>Ellicott City Md.</i>
Accident or Suicide?	



Name
in
Full

Howard Allison Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death	1908	Month	Feb	Day	12	Age	9
Sex	Male	Color or Race	Colored	Months	6	Years	14
Birth-place	Maryland						
Occupation	School Child			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Henry Long			Father's Birthplace			
Mother's Maiden Name	Sarah Thornton			Mother's Birthplace			
Name of person giving information	Sarah Carrall			How related to deceased			

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	<i>Cerebro-Spinal Meningitis</i>	How long	<i>2 Mo & 20 days</i>
Immediate	<i>Asphemia</i>	How long	<i>About 80 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. B. Gaubril</i>
		Address	<i>Ellicott City, Md.</i>
Accident or Suicide?			

Geo. Wilson

Name
in
Full

Martha Lord.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

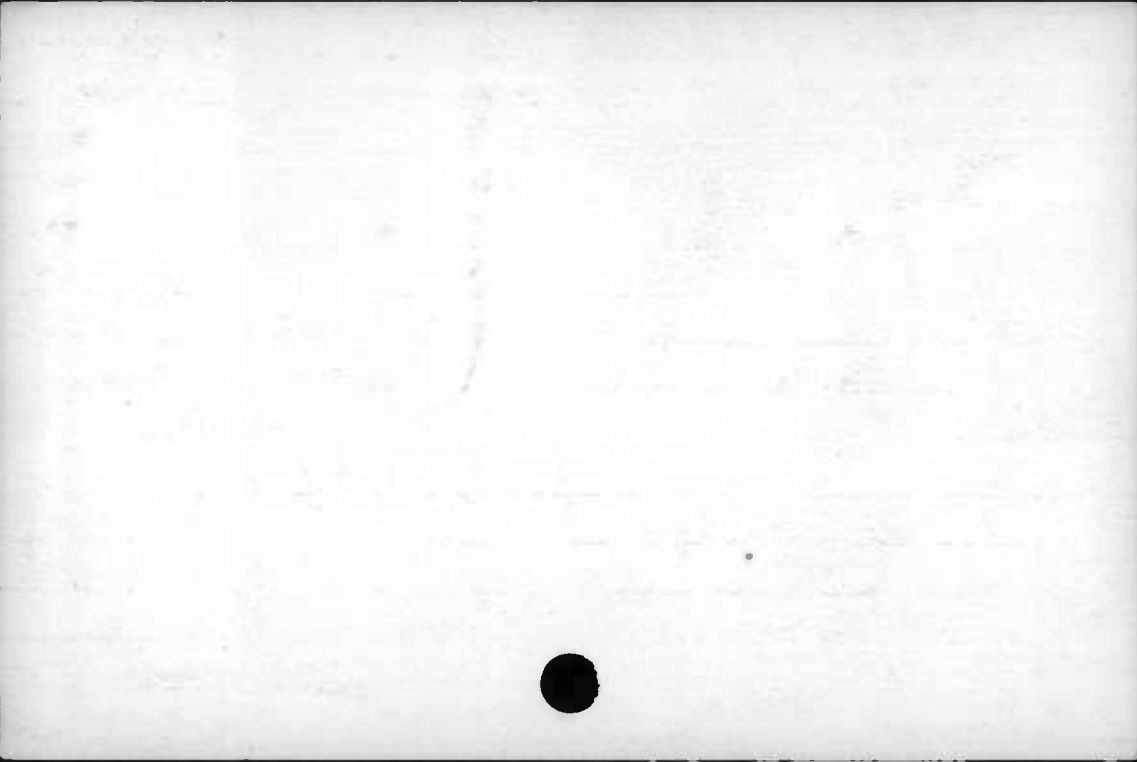
Died at <i>Ellicott</i> Town		County <i>Howard</i>		MARYLAND	
Date of death	1908	Month	Feb	Day	5
Sex	Female	Color or Race	white	Age	—
Occupation	—		Birth-place	<i>Ellicott City</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed	<i>child</i>		Name of Wife or Husband		
Father's Name	<i>Harry W Lord</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Maggie Chambers</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Harry W Lord</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Atelectasis</i>	How long	<i>5-days</i>
Immediate	<i>Cyanosis -</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Jno. W. Webb Jr</i>
Address	<i>West-Friendship</i>		
Accident or Suicide?	<i>—</i>		<i>Howard Co. Md.</i>



Name
in
Full

Dennis Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

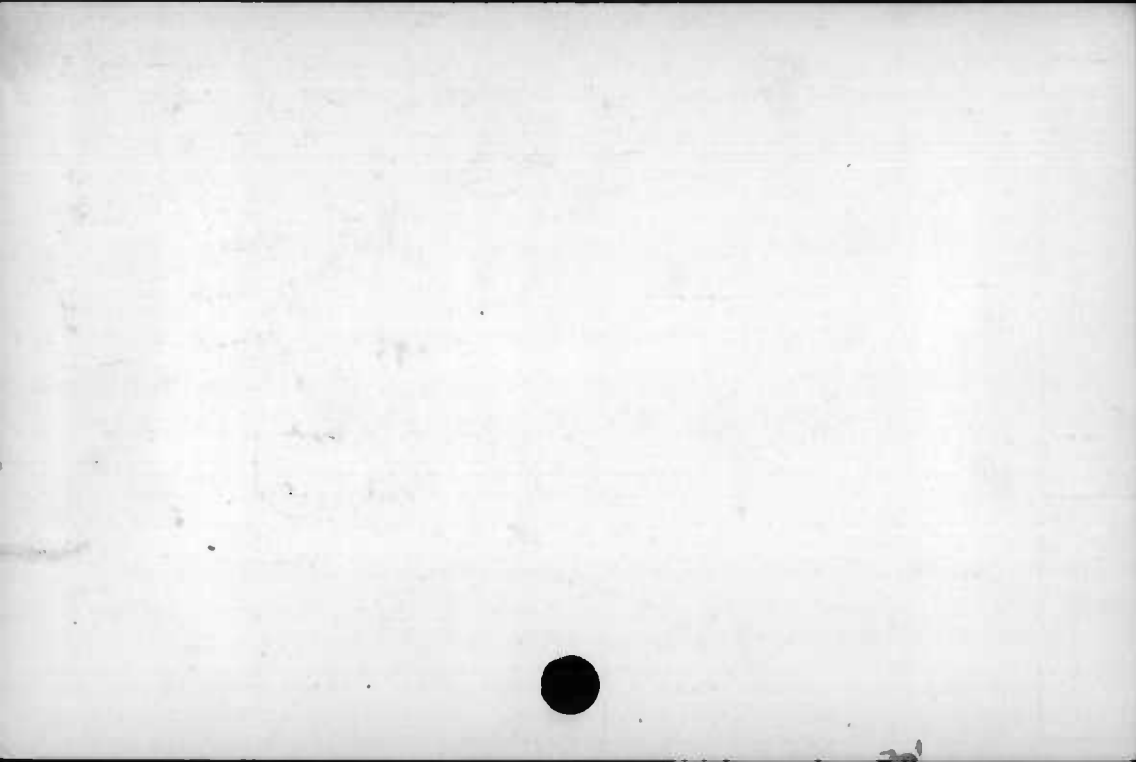
Died at <u>Bolton</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND							
Date of death	1908	Month	Feb	Day	12th	Age	60	Months	u	Days	u
Sex	Male		Color or Race	Black		Birth-place	Md				
Occupation	Laborer			Where Residing if not at place of death		Bolton					
Married, Single or Widowed	Yes		Name of Wife or Husband		Widow Jennie Benson (Moore)						
Father's Name	The Unknown					Father's Birthplace	Md				
Mother's Maiden Name	- Unknown					Mother's Birthplace	Md				
Name of person giving information	Samuel Moore					How related to deceased	Son				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. Hunt
		Address	Laurel Md
Accident or Suicide?			



Name
In
Full

Hickman Myers Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Glen Aral. ^{Town} near JessupHoward ^{County}

MARYLAND

Date
of death 1908Month
FebryDay
21Age
86Months
4Days
1Sex
MaleColor or
Race WhiteBirth-
place PennsylvaniaOccupation
FarmerWhere Residing if not
at place of death Howard Co.Married, Single
or WidowedName of Wife or
husband Sarah Myers PierceFather's
Name Nathaniel MorrisFather's
Birthplace PennsylvaniaMother's
Maiden Name Sarah MyersMother's
Birthplace PennsylvaniaName of person giving
In formation Henry M. MorrisHow related
to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary
AgeHow long
16 months 2 yrs.Immediate
General debilityHow long
18 mos or 2 yrs.Are the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician Wm. R. EanesonAddress
Oak Ridge, Md.

Accident or Suicide?

Trinity Chapel

Name
in
Full

CERTIFICATE OF DEATH

Charles Walter Owens

TO BE ANSWERED BY
NEAREST FRIEND

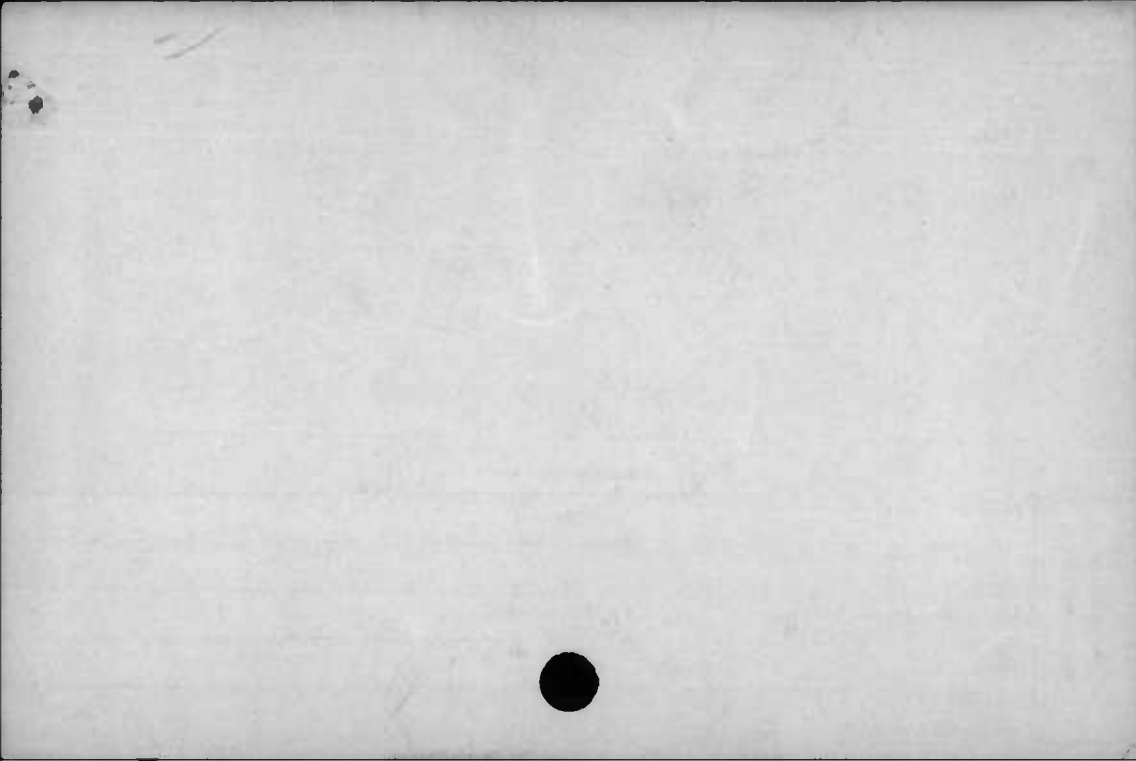
Died at <u>Eek Ridge</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Feb</u> ^{Month}	<u>1</u> ^{Day}	Age <u>76</u> ^{Years}	<u>11</u> ^{Months}	<u>28</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Eek Ridge</u>				
Married, <u>Single</u>	Name of Wife or Husband <u>Laura V. Haslip</u>				
Father's Name <u>Richard Owens</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Maria Dent</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Mrs. Chas. W. Owens</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Arterio Sclerosis (senile)</u>	How long <u>Several years</u>
Immediate <u>Cardiac dilatation</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. R. Eareckson</u>
	Address <u>Eek Ridge, Md</u>
Accident or Suicide? <u>2</u>	



Name
in
Full

Mary Amelia Pfeiffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Harwood</i>		Town <i>Harwood</i>		County <i>Howard</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>59</i>	Years <i>10</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>housewife</i>	Where Residing if not at place of death <i>resided at place of death</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John M Pfeiffer</i>						
Father's Name <i>E Rudolph Inollman</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Rudolph M Pfeiffer</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

10

H
PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>3 months</i>
Immediate <i>" and Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>ELK Ridge Md.</i>
Accident or Suicide? <i>no</i>	

3
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Name
in
Full

Shrader P. Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Haward</i> ^{County} <i>Md.</i>		MARYLAND	
Date of death <i>1908</i>	<i>Feb.</i> ^{Month}	<i>20</i> ^{Day}	<i>20</i> ^{Years}	<i>7</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Ellicott City</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Olinus Scott Jr.</i>	Father's Birthplace <i>Ellicott City</i>				
Mother's Maiden Name <i>Beasia Matthews</i>	Mother's Birthplace <i>Ellicott City</i>				
Name of person giving information <i>Olinus Scott Jr.</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastr. Intestinal Irritation</i>	How long <i>1 day</i>
Immediate <i>Convulsions</i>	How long <i>8 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm B. Gambrell</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide?	

Catonsville

Name
in
Full

Samuel T Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND		
Date of death	<i>1908</i>	<i>Feb-</i> ^{Month}	<i>23</i> ^{Day}	Age <i>2</i> ^{Years}	<i>Reg-</i> ^{Months}	<i>76</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>Ellicott City</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>				
Father's Name <i>Stephen Snowden</i>		Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Emma Dorsey</i>		Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Stephen Snowden</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>I think he choked</i>	How long <i>2 minutes</i>
Immediate <i>Chasew</i>	How long <i>2 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. Stone</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	

Mr. Gilboa

Name in Full		Aileen Wheeler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Savage		County Howard		MARYLAND	
	Date of death	1908	Month 12	Day 16	Age	Years 0	Months 19
	Sex	female		Color or Race	white		Birth-place
	Occupation	Infant		Where Residing if not at place of death		Savage	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Wheeler				Father's Birthplace	Md
	Mother's Maiden Name	Evelyn Cullen				Mother's Birthplace	Md
	Name of person giving information	Edward Butler				How related to deceased	Brother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Catarrhal Pneumonia				How long	Six days
	Immediate	Nervous exhaustion				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Savage		
Accident or Suicide?		Hitting				M.D.	

